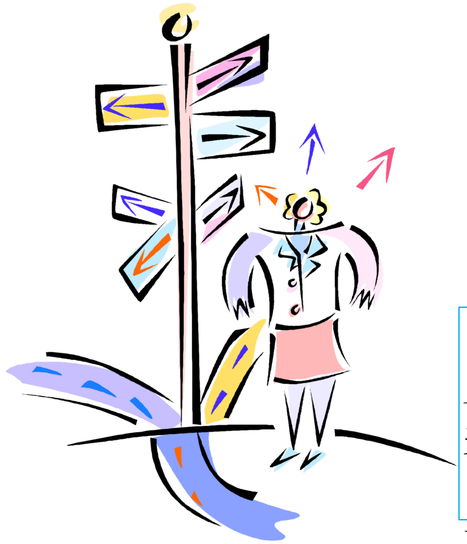
Orientation and Safety

https://www.youtube.com/watch?v=_VqbGN0Uw7E&t=4s

Orientation

Student Manuel is found
https://www.dshs.wa.gov/altsa/training/dshs-curriculum-and-materials-available



You are taking this orientation training because you are going to be a caregiver.

Clients

A person requiring care is referred to by many different names. Examples you may hear include client, resident, consumer, or participant.

In this orientation, we have used client to represent any of these.

This orientation training gives you an overview of what you need to know and do in your new job.

Your role as a LTC worker is to provide quality care and support services to the people (clients) who live where you work. These services are essential to the health, continued independence, and well-being of the clients in your care. To provide quality care, you must:

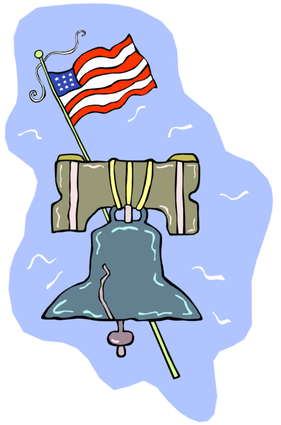
- Understand your role as a LTC worker.
- Complete all of your assigned tasks to the best of your ability each day.
- Respect client choices in how and when they would like these tasks done.
- Keep clients safe.
- Learn and follow the policies and procedures of your employer.

Client Rights

t is a part of your job to understand and protect a client's rights. The state law regarding client rights can be found in RCW 70.129 and in Washington Administrative Code (WAC) 388-106-1300.

You must:

- Treat clients with respect.
- a client's choices and independence.
- Protect a client's privacy and confidential information.
- Keep client's safe.



choice & Freedom

Clients have the right to:

- Take an active role in making or changing their care plan.
- Refuse care, medications, or treatment.
- Choose their activities, schedules (including meal times and when care is given), health care, clothing, and hairstyle.
- Join in social, religious, and community activities.
- Manage his or her finances.
- Be free from chemical or physical restraints.
- Express a complaint or concern without fear of retaliation.
- Be with people both inside and outside of their residence including family, friends, his or her doctor and an Ombudsman (if in an AFH or ALF).

Confidentiality and Privacy

Clients have the right to:

- Have all medical, financial, and personal matters kept private.
- Have privacy in his or her own personal space and during personal care.

Health Insurance Portability and Accountability Act (HIPAA)

HIPAA is a federal law that adds additional requirements for the use and disclosure of health information. A major goal of HIPAA is to make sure a person's health information is properly protected while still allowing the flow of health information needed to provide high quality health care.

Tips for keeping a client records confidential

- Do not leave client records lying out unattended.
- Re-file any client records immediately in their proper location once you are done with them.
- Be aware of who is in the area when reviewing or updating a client's records.
- Do not discuss what you learn from a client's records with anyone outside of the care team.

A client needs and has the right to privacy

- When performing personal care:
  - Screen or cover a client.
  - Make sure doors and window curtains are closed.
- Only share medical, financial or other personal information about a client with appropriate care team members.
- Give the client privacy for phone calls and visits.
- Let a client open mail in private.

Respect privacy.

Clients and Where They Live

When clients need help with care for an extended period of time, it is referred to as long term care.
A client may be:

- Elderly and frail.
- Have a disease or condition making it hard or impossible to do certain tasks without help.
- Have fallen or had another type of accident.
- Have a developmental disability.

A client's care team

You are not alone in providing care and support to a client. Care team members can include the client's health care provider(s), family and friends, a guardian, other LTC workers, nurses or other skilled professionals, and/or a case manager or social worker from Home and Community Services (HCS) or an Area Agency on Aging (AAA).

Care Settings

In-home care

hiring a LTC worker to help with care
nursing or other professional health care,
community resources such as Meals on Wheels,
hospice or respite care or
home modifications and assistive devices to help with independence.

Residential care

Adult family homes (AFHs) and assisted living facilities (ALFs)
Both provide a room, meals, laundry, supervision, and help with care.
Both provide occasional nursing care and/or specialized care for people with mental health issues, developmental disabilities, or dementia.
AFHs are regular neighborhood homes that can provide care for anywhere between two to 8 clients. ALFs are large homes.

Basic Job Responsibilities of a LTC worker

Below are some of the basic job responsibilities you will have as a LTC worker.

- Understand a client's care needs and perform your assigned tasks correctly and efficiently as documented in the client's care plan or negotiated service agreement.
- Know how and when a client prefers to have these tasks completed. Respect and follow the client's choices.
- Observe the client for change(s) in health and well-being.
- Document and report any changes you see using the policies and procedures outlined in this orientation.
- Respond to emergencies appropriately.
- Come to work on time, call your supervisor if you can't make a shift, and dress appropriately. If you do not understand what it means to dress appropriately, ask your supervisor.
- Complete and keep accurate time sheets.
- Give two weeks written notice if you will be quitting your job.

For the health and safety of a client, complete all of the tasks assigned to you.

Care Plans

Each client has a written care plan. A care plan is a document developed after a thorough assessment (evaluation) was completed for that client.

A client's care plan changes as his or her care needs change.

In an assisted living facility or adult family home, the care plan you will see is called the negotiated service agreement or plan.

Getting the Information You Need

You and the client need to:

- Know what you are expected to do.
- Understand the limits of your work.
- Feel like part of the same team.
- Avoid misunderstandings later by discussing the care tasks carefully when you first begin.

Asking good questions helps you get the information you need to do your job correctly.

Ask questions **specific** to the task.
For example: "Do you prefer a bath or shower this morning?"
Ask questions that are **open-ended** rather than questions that can be answered "yes" or "no".
For example, asking: "What would you like for breakfast?" will get you better information than asking "Do you want breakfast now?"

Ask questions that start with **what, when, where, why, and how**.
For example, the care plan says you are to help with bathing. Ask questions like: "How hot do you like your bath water?" "What type of soap works well for you?"

Talk about the care plan or task list

- Be patient if a client finds talking about these issues difficult.
- A client may not be used to talking about such personal matters.
- A client may find it hard to admit that he or she needs help.
- It may be hard to explain a routine he or she has had for years.

Respect and understand a client's choices of how and when care services are to be provided.

Routines help you and a client.

A routine means you and a client will know what to expect each shift.

Ask Again

By asking again, you can make sure you understand a client's routine and keep doing the tasks the way that works best for him or her.

Good Communication

Good communication means:

- Watching the client's body language carefully to see what his or her actions and gestures may be telling you.
- Listening carefully to any comments from the client.

Good communication helps:

- Get you the information you need to do your job.
- Things go smoothly with a client and other care team members.
- Keep things calmer in stressful situations.
- Others view you as a professional.

Meeting a client for the first time

- Review the client's care plan before you meet if possible. Does the client have any communication challenges such as difficulty hearing or speaking? Plan ahead on how best to work with any challenges.
- Introduce yourself and explain why you are there.
- Ask the client what name he or she would prefer you use.

You never get a second chance to make a good first impression

Asking Again Helps You

- Make sure you understand a client's routine.
- Assist with tasks in the way that works best for a client.
- Learn more about a client's preferences.
- Get feedback on how you are doing.

Ask Again to Know You Have Done Your Job Well

Listen

Another part of good communication is to listen! Good listening:

- Helps build trust with a client.
- Encourages honest sharing of thoughts and feelings.
- Makes sure you accurately hear what the other person says.

Good listening also gives a client time to find the right words.

- Encourage the client to continue by saying "I see," "Tell me more," "Um-hmm," or by nodding your head.
- Ask questions and get more information when you are unclear.
- Do not jump in with your ideas or advice wait until you're asked.
- Be willing to listen to things a client needs to say don't avoid a subject because you're not comfortable with it.

Nonverbal communication is powerful.

Body Language

Your actions, how you hold your body, and your facial expressions are all nonverbal communication or body language.

A client's body language may tell you more about how he or she feels than what he or she says. Watch for non-verbal signs that help you better understand what is happening with a client.

Watch for words and body language that do not match. In most cases, the body will tell you what is really happening.

Silence allows time for listening and brings people together

- If a client is sad or worried, just listening helps.
- Silence gives a person time to think and to choose words.
- Silence gives a person time to control anger or other strong emotions.

Give people time to think and feel.

Be professional when talking with your supervisor

Business Communication

There are times when you need to talk with your supervisor or other managers when you have concerns, questions, problems with a co-worker, or your schedule, etc. It is your responsibility to act professionally and resolve issues before things gets out of hand.

Don't delay or hide problems: Give your supervisor time to help or plan for what is needed.

Be positive. A positive attitude helps everyone who works with you, including your boss. Communicate with questions or suggestions, rather than complaints.

Ask for what you need. It's easy to complain without taking action. Describe the situation or request objectively and clearly ask for what you want.

Stay calm. If something has you angry or upset, wait until you have some control over your emotions before approaching your boss.

Talking on the phone at work

Answering the phone at work requires good business phone etiquette.

- Take a deep breath and focus on the call.
- Have pen and paper handy.
- Smile as you pick up the phone. Smiling while you talk comes across in your voice.
- Use a tone that is helpful, natural, and respectful.
- Say the name of the facility and your full name. Ask, "How may I help you?"
- If you are answering the phone for a client, identify yourself and for whom you are answering the phone. For example say, "Hello. This is Mary. I am answering the phone for Susan Smith. May I help you?"

Emergency Communication

It is your responsibility to know to whom and how you are to communicate with others in the building/home during an emergency and where the policies and procedures are documented.

Communicating well with other care team members is an essential part of your job.

LTC workers often spend more time with a client than other care team members. You are a valuable source of information regarding a client's day-to-day health and well being.

Documentation and Reporting

You have a responsibility to observe clients and communicate any changes or concerns efficiently and quickly to all necessary care team members.

Observe

As a LTC worker, you may be the first person to notice a change in a client's physical, mental, or emotional condition. It is your responsibility to watch for these changes.

Look for signs of change as you give care.

Documenting

Understand and follow the documentation policies and procedures where you work.

General documentation tips.

- Always protect a client's right to privacy. Never leave notes or forms in places where others can see them.
- Print clearly so others aren't struggling to read your writing. Use black ink when documenting.
- Describe what you observe clearly so that someone who was not there will easily understand.
- Describe only what you see. These are called "observable facts". Leave out your personal opinions and interpretations of what you think happened.
- Never make an entry into a client's record for someone else or sign an entry for something that you did not do or see done.
- Remember that what you write becomes a legal document.

Reporting

If a client refuses care

Any client always has the right to refuse care. Sometimes a client may not want you to do one or all of your assigned tasks.

Cover all the facts when documenting and reporting!

WHEN...date and time you observed the change, behavior, or incident.

WHAT... happened - write down the objective facts.

WHERE...you observed this happening.

HOW...long and often it happened.

WHO... was present, involved, or notified about what was happening.

WHAT... action you took and the outcome.

Your role as a mandated reporter

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Your role as a mandated reporter

Unfortunately, there may be times when what you observe or suspect leads you to believe a vulnerable adult is being harmed.

By Washington State law, your responsibility as a LTC worker goes beyond a moral obligation. It is also the law. You are a **mandated reporter** if you suspect (meaning you have reasonable cause to believe) any vulnerable adult is being abused, abandoned, neglected or exploited. This is true whether you are on or off your job. (RCW 74.34)

Who is considered a vulnerable adult?

A vulnerable adult is anyone:

- Over the age of 60 unable to care for him or herself.
- Living in a nursing home, assisted living facility, or adult family home.
- Receiving services from home health, hospice, home care agency or an individual provider.
- With a developmental disability.
- With a legal guardian.

Understand your role as a mandated reporter.

- **Abandonment** is when someone responsible for the care of a vulnerable adult leaves the person without the means or ability to get necessary food, clothing, shelter, or health care.
- **Abuse** is willfully inflicting injury, unreasonable confinement, intimidation, or punishment on a vulnerable adult. Abuse includes sexual abuse, mental abuse, physical abuse, and exploitation of a vulnerable adult.
- **Sexual abuse** means any form of nonconsensual sexual conduct, including but not limited to unwanted or inappropriate touching, rape, sodomy, sexual coercion, sexually explicit photographing, and sexual harassment. Sexual abuse also includes any sexual conduct between a staff person, who is not also a resident or client, of a facility or a staff person of a program authorized under chapter 71A.12 RCW, and a vulnerable adult living in that facility or receiving service from a program authorized under chapter 71A.12 RCW, whether or not it is consensual.
- **Physical abuse** means the willful action of inflicting bodily injury or physical mistreatment. Physical abuse includes, but is not limited to, striking with or without an object, slapping, pinching, choking, kicking, shoving, or prodding.

- **Mental abuse** means a willful verbal or nonverbal action that threatens, humiliates, harasses, coerces, intimidates, isolates, unreasonably confines, or punishes a vulnerable adult. Mental abuse may include ridiculing, yelling, or swearing.
- **Personal Exploitation** means an act of forcing, compelling, or exerting undue influence over a vulnerable adult causing the vulnerable adult to act in a way that is inconsistent with relevant past behavior, or causing the vulnerable adult to perform services for the benefit of another.

- **Financial exploitation** means the illegal or improper use, control over, or withholding of the property, income, resources, or trust funds of the vulnerable adult by any person or entity for any person's or entity's profit or advantage other than for the vulnerable adult's profit or advantage.

- **Neglect** means (a) a pattern of conduct or inaction by a person or entity with a duty of care that fails to provide the goods and services that maintain physical or mental health of a vulnerable adult, or that fails to avoid or prevent physical or mental harm or pain to a vulnerable adult; or (b) an act or omission by a person or entity with a duty of care that demonstrates a serious disregard of consequences of such a magnitude as to constitute a clear and present danger to the vulnerable adult's health, welfare, or safety, including but not limited to conduct prohibited under RCW **9A.42.100**.

Reporting abuse to DSHS

You **MUST** report immediately to the Department of Social and Health Services (DSHS) if you have reasonable cause to believe a client or any vulnerab

In addition, you must report to DSHS and:

- Law enforcement if you suspect physical or sexual assault.
- The coroner or medical examiner and law enforcement if you suspect a death was caused by abuse, neglect or abandonment.

Failure to report as a mandated reporter is a gross misdemeanor.

Who to Call

Where you report abuse depends on where the person lives.

If the person lives in:

- **An assisted living facility or adult family home:**
  Call the DSHS Complaint Resolution Unit (CRU) at **1-800-562-6078**.

- **His or her own home:**
  Call the DSHS End Harm hotline number at **1-866-363-4276**.

Where to report abuse

To report suspected abuse to DSHS for a vulnerable adult living in:

- **An adult family home or assisted living facility: call 1-800-562-6078**

- **His or her own home**, call **1-866-363-4276 or 1-866-End Harm.**

If you think a client may be in immediate danger or needs urgent help, call 911.

Self Neglect

There are some situations where a vulnerable adult living in his or her home is not providing for his or her own physical and/or mental well-being to the point of harm.

Although you are not a mandated reporter of self neglect, you are encouraged to report it to DSHS if you have reason to believe a vulnerable adult is neglecting his or her needs to the point of harm. Call **1-866-363-4276**.

Working with your supervisor and reporting

If you have reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred, alert your supervisor immediately.

The use of restraints

Physical restraints - anything used to prevent or limit movement or access to one's body. This could be a belt, bed rails, or a chair a person cannot get out of.

Chemical restraints - drugs **not** required to treat medical symptoms that are used for the convenience of staff or without appropriate or enough monitoring.

Environmental restraints - locked rooms or barriers confining a person to a specific space.

In Conclusion…

There is a lot to learn when starting a new job. This orientation has given you an overview of some of the most important things to know and where to go to get more information in the weeks ahead.

https://www.dshs.wa.gov/altsa/training/dshs-curriculum-and-materials-available